

# MAYOR'S OFFICE OF SPECIAL EVENTS SECURITY CONTROL PLAN



THE EVENT PRODUCER / ORGANIZATION MUST COMPLETE **SECTION I** AND SIGN WHERE INDICATED. THE INDIVIDUAL IN CHARGE OF SECURITY FOR THE EVENT IS TO COMPLETE AND SIGN **SECTION II**.

WHEN BOTH **SECTION I** AND **SECTION II** HAVE BEEN COMPLETED AND SIGNED, THIS FORM MUST BE RETURNED TO:

CITY OF HOUSTON  
MAYOR'S OFFICE OF SPECIAL EVENTS  
901 BAGBY, 4<sup>TH</sup> FLOOR  
HOUSTON, TEXAS 77002  
FAX: (713) 247-2790

## SECTION I

EVENT REPRESENTATIVE: \_\_\_\_\_

NAME OF EVENT: \_\_\_\_\_

EVENT DAY: \_\_\_\_\_ DATE: \_\_\_\_\_ START TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

STREET CLOSURE DAY(S) / DATE(S): \_\_\_\_\_ START TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

TYPE OF EVENT (I.E., FESTIVAL, FUN RUN, ETC.): \_\_\_\_\_

ESTIMATED ATTENDANCE: \_\_\_\_\_ ALCOHOL: [ ] YES [ ] NO

\_\_\_\_\_  
SIGNATURE OF PERMITTEE

\_\_\_\_\_  
DATE

## SECTION II

NAME OF SECURITY ORGANIZATION: \_\_\_\_\_

SECURITY COORDINATOR: \_\_\_\_\_ RANK: \_\_\_\_\_

WORK PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_

## BREAKDOWN OF OFFICER ASSIGNMENTS

RESPONSIBILITY	NUMBER OF OFFICERS	TIME SCHEDULED: ON DUTY/OFF DUTY
1. Crowd Control		/
2. Traffic Control (if needed)		/
3. Other		/
TOTAL		

\_\_\_\_\_  
SIGNATURE OF SECURITY COORDINATOR

\_\_\_\_\_  
DATE

NOTE: SECURITY PERSONNEL WORKING THIS EVENT MUST BE LAWFULLY AUTHORIZED AND PERSONALLY WILLING TO ENFORCE CITY OF HOUSTON LAWS AND ORDINANCES.

## SECTION III

### TO BE COMPLETED BY HPD SPECIAL OPERATIONS

THE ABOVE INFORMATION HAS BEEN REVIEWED AND APPROVED BY:

\_\_\_\_\_  
SIGNATURE OF HPD SPECIAL OPERATIONS

\_\_\_\_\_  
DATE